



CENTRAL SERVICES DIVISION
555 Wright Way
Carson City, NV 89711
Reno/Sparks/Carson City (775) 684-4DMV (4368)
Las Vegas Area (702) 486-4DMV (4368)
Rural Nevada or Outside Nevada (877) 368-7828
Website: www.dmvnv.com

ONE YEAR DEFAULT AFFIDAVIT (NRS 485.230)

DRIVERS LICENSE NUMBER _____

DATE OF ACCIDENT _____

CASE # _____

DATE OF LAST PAYMENT _____

I, hereby request the termination of the suspension of my driving privilege and/or vehicle registration in the State of Nevada, as provided for in the Motor Vehicle Insurance and Financial Responsibility Act, and in support of said request. I submit the following affidavit:

I, the undersigned, being first duly sworn, depose and state:

That my driving privilege and/or motor vehicle registration was/were suspended on _____ in connection with the accident described above; and

That one year has elapsed following the date of the last payment on the promissory note signed by myself in regards to this case; and

That during this period no legal action has been instituted and/or is pending against me involving any claim for damages or injuries arising out of this accident and/or case.

SIGNATURE _____

MAILING ADDRESS _____

SUBSCRIBED AND SWORN to before me

this _____ day of _____, 20____

Notary Public

OR

Authorized Nevada DMV Representative